

Express Mail No. EV 740 585 021 US U.S. Patent Appln. Serial No. 10/682,131 Page 1 of 49

## IN THE UNITED SAPERIES PATENT AND TRADEMARK OFFICE

Applicant:

Jerry I. Jacobson et al.

Serial No.:

10/682,131

Filing Date:

October 9, 2003

For:

CARDIOELECTROMAGNETIC TREATMENT

Examiner:

Kahelin, Michael William

Art Unit:

3762

Mail Stop Amendment Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## AMENDMENT AND RESPONSE TO OFFICE ACTION

In response to the Office Action dated April 26, 2006, Applicant respectfully submits the following amendment and remarks. Also, fees are submitted herewith for 14 additional dependent claims. Although no additional fees are believed due, the Commissioner is hereby authorized to charge any fees required by this action to Deposit Account No. 16-1435. A duplicate of this sheet is attached for that purpose.

Amendments to the Specification begin at page 2.

Amendments to the Claims are reflected in the listing of claims which begins on page 33 of this paper.

Remarks/Arguments begin on page 40 of this paper.

07/28/2006 RMEBRAHT 00000015 10682131

01 FC:2202

350.00 OP

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Complete if Known

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rees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).				Application Numb	er 10/682,131		OIPE		
FEE TRANSMITTAL				Filing Date	October 9,	2003 /	19	og l	
for FY 2006				First Named Inver	Jerry I. Jaco	obson et al.	JUL <b>2 6</b> 2006	8	
				Examiner Name Kahelin, Michael William			TO THAD BUNG	<del>\begin{align*}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</del>	
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TOTAL AMOUNT OF	PAYMENT	(\$) 350.00		Attorney Docket N	o. 35733-2936	61	HADEM	$\overline{}$	
METHOD OF DAYN	IENT (shook	all that apply)		<u></u>					
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  ☐ Deposit Assessed Assessed Numbers 46 1435									
Deposit Account Deposit Account Number: 16-1435  Deposit Account Name: Kilpatrick Stockton LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
i. BAOIOTILINO,		FEES		ARCH FEES		MINATION			
Auntication Tun	- Foo (¢'	Small Entity	Fo	Small E		(\$) Small		aid (\$)	
Application Type Utility	Fee (\$)	<u>Fee(\$)</u> 150	<u>re</u> 500	e(\$) <u>Fee(</u> \$	<u>Fee</u> 200	(\$) <u>Fee</u> 100		<u>aiu (\$)</u>	
Design	200	100	100		130	65		•	
Plant	200	100	300		160	80		,	
Reissue	300	150	500		600	300		,	
Provisional	200	100	(		0	0	•	,	
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$)									
Each claim over 20 (including Reissues) 50 25									
Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180									
Total Claims	Fee Paid (\$)			ultiple Depende	nt Claims				
-20 or			<u>ee(\$)</u> 25 =	350	•	_		e Paid (\$)	
HP = highest number	er of total claims					_			
Indep. Claims									
3 or HP= x =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)									
4. OTHER FEE(S)	Chanification	\$120 fee (no cm	all entity d	ecount)			rees Pa	<u>iu (4)</u>	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):									
Other (e.g., and hing survivage).									
SUBMITTED BY									
Signature	Colo	B 6/1	1/2	Registration (Attorney/Ag	47 040		Telephone (3	336) 747-7541	
Name (Print/Type)	Cynthia B. Roth	schild		- LAMOTTO YA	join)		<del></del>	uly 26, 2006	